



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

several smaller doses. The effect of the drug is usually startling and most effective. Primary and secondary lesions of syphilis rapidly disappear, while older lesions yield more slowly.

The discovery of salvarsan was the result of logical reasoning and much experimentation. It was not a pure accident. Therefore it opens a new and vast field. For many years physicians knew of only two specific drugs: mercury in syphilis and quinine in malaria. It was not known how they cured, but at present we know that they have a direct poisonous effect upon the parasites causing those diseases. The treatment of bacterial diseases with similar preparations will offer more difficulty, but salvarsan means such a tremendous stride in this direction that we can confidently expect more discoveries with an increasing number of specific drugs in the treatment of disease.

PATIENTS' CRITICISM OF NURSES

BY A. D., R.N.

MANY nurses are criticized severely by patients and the public, sometimes justly, sometimes unjustly, not only for the lack of ability in caring for the sick, but for their character, manner, and personal appearance. We all know in nursing, as well as in other professions, there are all classes to be found, yet it does seem that women who take up nursing should help to ennoble the calling rather than disgrace it, as a great many nurses are doing throughout the United States. The hospitals from which these so-called nurses are graduated are greatly at fault, for so many inferior, uneducated women are being forced upon the public at large as graduate nurses.

Not long ago a friend called my attention to a graduate nurse who had been her cook three years previously. Do not misunderstand my meaning in regard to cooks, there are a great many refined women earning their daily bread in this way, but this one was far from being refined, for while employed by my friend, she was found to be dishonest, untruthful, a gossip, and without the rudiments of a common-school education. This girl did not like cooking and thought she would take up something easier, and some hospital graduated her as a nurse. Did that hospital look into her past history? Were its educational requirements up to the standard? If so, why was this pupil accepted and graduated? Not until all hospitals are required to be registered, and state registration for nurses made compulsory, will such inferior nurses be debarred from imposing on the public.

A patient is greatly surprised, after her nurse has left, if she finds she was not a graduate, as she had been engaged as such, and received \$25 a week for her services. Such a nurse considers that she is entitled to the same amount as the graduate, as she had only a few weeks more in training when she left the school. Again, the nurse who has been expelled from some training school, or one who has not been found worthy of a diploma, goes into private homes and hospital work and receives the same amount as the graduate.

A practical nurse was called in as a third nurse on a case. At the end of the first week she was asked her charges, and she replied, "\$25." She was on duty the same number of hours as the two trained nurses, and did not see why she was not entitled to the same amount. Had she trained two or three years to assume and meet the responsibilities that come to the trained nurse? Is it possible that the patient and public will not criticize when these things are tolerated?

The manner in which some nurses dress and conduct themselves in the sick room is far from being proper. Sick people feel that elaborate coiffures (which take some little time to arrange), high-heeled shoes, silk stockings, perfumes, rouge, tight skirts, collarless low cut waists, elaborate night gowns, and silk kimonas all help to detract the nurse's interest from the patient. It is quite as bad form for the nurse to wear soiled uniforms, or a stiffly starched rustling one. There is a happy medium in this as well as other things. It is the duty of every nurse to dress and look as well as possible, but she should dress in keeping with her position, not only in the sick room, but elsewhere.

Not long ago, at a fashionable summer hotel, my attention was drawn to two refined looking young women, with an invalid. I learned later they were both graduate nurses, simply dressed in pink, white, or blue linen, without caps. The patient did not require much nursing, and these sensible women did not try to attract public attention to their patient and themselves by posing in uniform in the dining-room or elsewhere. On the other hand, there were seven nurses in the public dining-room, in uniform. If these young women had left their caps in the sick room (as a public dining-room is no place for them), few would have known they were nurses with convalescent patients, especially the transients.

Imagine yourself a patient, having your nurse sit with her feet crossed and resting on the edge of your bed, or, having had her dinner, sit beside you using a toothpick; your telephone ringing several times a day, and your nurse carrying on long and loud conversations within

your hearing; trying to entertain you and your family with the experiences in the hospital, and other patients' homes; or having her go out for time off duty, neglecting to leave some one in charge of your medicines, coming back in three or three and a half hours when she is supposed to have had two hours off duty.

In sickness the nurse is brought so close to the patient, and of necessity so much of the family affairs are brought to her attention confidentially, that she should realize this, and try in every way to prove herself worthy of the confidence reposed in her. If nurses would do this, there would be less cause for criticism.

The incident was brought to my attention of a patient who had a serious operation performed, and after a recovery of a few months, went for a visit with friends in a town some distance from her home. While there she spoke of her illness, and happened to mention the name of her nurse. Immediately, the friend calling recognized the name, and said, "Oh, yes, she nursed a friend of mine, and told us about your operation. I am so sorry to hear you had a cancer. How small the world is! I never dreamed I would meet you." The doctor and family had kept the nature of the operation from the patient. The shock she received when the truth was revealed to her so cruelly caused a nervous breakdown, which proves that gossiping nurses are a menace to the profession.

Sickness always brings an added expense. Many nurses are justly criticized for their extravagance in ordering prescriptions renewed, or expensive drug supplies, which they do not necessarily need. With a little ingenuity home supplies can be utilized just as well. They are also criticized for using gas and electricity when it could be dispensed with.

Again, the nurse who goes into the home assuming authority, not only over the patient but family and servants, will surely be criticized, while the nurse who maintains a feeling of harmony with the household is the one who will be called when a nurse's services are required again.

A nurse's home as well as hospital training is more plainly shown in the sick room than in any other place. When our hospitals realize this more fully, and demand better preparation for the training school, then will the nurses sent into our homes be better qualified in every way to meet the professional and social demands that may be laid upon them.